DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/04/2013 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02		(X3) DATE SURVEY COMPLETED		
155327		B. WING			R 05/30/2013		
NAME OF PROVIDER OR SUPPLIER UNIVERSITY HEIGHTS HEALTH AND LIVING COMMUNITY				STREET ADDRESS, CITY, STATE, ZIP CODE 1380 E COUNTY LINE RD S INDIANAPOLIS, IN 46227			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	CTION SHOULD BE THE APPROPRIATE	
{K 000}	INITIAL COMMENTS		{K 0	000}			
	A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 04/22/13 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 05/30/13 Facility Number: 000220 Provider Number: 155327 AIM Number: 100267650 Surveyor: Mark Caraher, Life Safety Code Specialist At this PSR survey, University Heights Health and Living Community was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), and 410 IAC 16.2. Building 0102 was surveyed using Chapter 19, Existing Health Care Occupancies. This one story facility was surveyed as two separate buildings due to the construction dates of two sections of the building. Building 0102 constructed prior to 2003 was determined to be of Type III (200) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility has battery operated smoke detectors in all resident sleeping rooms in the 100, 200, 300, 400, 500, 600 and 700 Hall.						
APORATORY		Il resident sleeping rooms in			TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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155327		B. WING	B. WING		05/30/2013		
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{K 000}	and had a census of a All areas where the reaccess were sprinkler facility services were detached garage proviservices. Quality Review by Ro	ility has a capacity of 176 158 at the time of this visit. esidents have customary red. All areas providing sprinklered except for one viding facility storage bert Booher, Life Safety	{K ()			
{K 000}	A Post Survey Revisi Code Recertification a conducted on 04/22/1 Indiana State Departr accordance with 42 C Survey Date: 05/30/1 Facility Number: 000 Provider Number: 15 AIM Number: 100267 Surveyor: Mark Cara Specialist At this PSR survey, U Living Community Inc with Requirements for Medicare/Medicaid, 4 Life Safety from Fire a National Fire Protection Life Safety Code (LSC)	t (PSR) to the Life Safety and State Licensure Survey 3 was conducted by the nent of Health in FR 483.70(a). 3 220 5327 7650 her, Life Safety Code Iniversity Heights Health and a was found in compliance or Participation in 2 CFR Subpart 483.70(a), and the 2000 edition of the on Association (NFPA) 101, C), and 410 IAC 16.2. rveyed using Chapter 18,	{K (000			

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{K 000}	of two sections of the constructed in 2012 we have a fire detection in the corridor. The facility has a fire detection in the corridor. The facility has educated the corridor. The facility has smoke detectors in all the 100, 200, 300, 40. The facility has smoke fire alarm system in a the 900 Hall. The facility has smoke and had a census of the All areas where the reaccess were sprinkles.	was surveyed as two e to the construction dates building. Building 0202 was determined to be of ction and fully sprinklered. alarm system with smoke lors and in all areas open to lity has battery operated I resident sleeping rooms in 0, 500, 600 and 700 Hall. e detectors hard wired to the Il resident sleeping rooms in ility has a capacity of 176 158 at the time of this visit. esidents have customary red. All areas providing sprinklered except for one	{K (000}				